

Please type or print using capital letters and black ink.

Last Name

[illegible]

First Name

[illegible]

Maiden Name

[illegible]

Street

[illegible]City[illegible]State

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Zip Code

					-				
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County of Residence

[illegible]

Country, If Not U.S.A.

[illegible]

International Postal Code

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Home Phone

			-				-					-				-				
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Daytime Phone

			-				-				
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Social Security #

			-			-				
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KY License #

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Date of Birth

		-		-			
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RN ☐ **LPN** ☐ **ARNP** ☐ **SANE** ☐ **A \$35 fee is required for each type of card requested.**

Original License Card Was: **Lost** ☐ **Stolen** ☐ **Never Received (No Fee Required)** ☐

List your primary state of residence: **KY** ☒ **Other**

Do not submit evidence of primary residence unless requested to do so.

Jurisdictions in which you currently practice (circle **ALL** that apply):

- ☐ AL ☐ CA ☐ FL ☐ ID ☐ LA ☐ MN ☐ ND ☐ NV ☐ PA ☐ SD ☐ VA ☐ WI
☐ AK ☐ CO ☐ GA ☐ IL ☐ MA ☐ MO ☐ NE ☐ NY ☐ PR ☐ TN ☐ VI ☐ WV
☐ AR ☐ CT ☐ GU ☐ IN ☐ ME ☐ MS ☐ NH ☐ OH ☐ RI ☐ TX ☐ VT ☐ WY
☐ AS ☐ DC ☐ HI ☐ KS ☐ MD ☐ MT ☐ NJ ☐ OK ☐ SC ☐ UT ☐ WA
☐ AZ ☐ DE ☐ IA ☐ KY ☐ MI ☐ NC ☐ NM ☐ OR ☐ Other _____ (Specify)